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Interviewed: ☐ Client and/or ☐ Other (name and relationship):

Special Service Needs:

☐ Non-English Speaking, specify language needs:

Were Interpretive Services provided for this interview? ☐ Yes ☐ No

☐ Cultural Considerations, specify:

☐ Physically challenged (wheelchair, hearing, visual, etc.) specify:

☐ Access issues (transportation, hours), specify:

I. Reason for Referral/Chief Complaint ☐ See Information on dated:

Reason for Referral

Current Symptoms/Behaviors

Impairments in Life Functioning (daily living activities, social, employment/education, housing, financial, etc)

II. Psychiatric History ☐ See Information on dated:

Outpatient and Inpatient, include dates, providers, interventions, and responses ☐ See information on IS Screen Prints

III. Current Risk and Safety Concern ☐ See Information on dated:

Current Thoughts of Self-Harm/Suicide	☐Yes	☐No	Current Thoughts of Harming Another Person	☐Yes	☐No
Past Thoughts of Self-Harm/Suicide	☐Yes	☐No	Past Thoughts of Harming Another Person	☐Yes	☐No
Prior Suicide Attempts/If yes, #	☐Yes	☐No	History of Homicide/Manslaughter	☐Yes	☐No
Probation/Parole Involvement	☐Yes	☐No	History of Injuring Another Person	☐Yes	☐No
Current/History of Injuring Animals	☐Yes	☐No	School Issues or IEP in place	☐Yes	☐No
Recent Trauma Exposure	☐Yes	☐No	Current Substance Use/Abuse	☐Yes	☐No
Recent Job Loss	☐Yes	☐No	Past Substance Use/Abuse	☐Yes	☐No
Victim of Violence/Abuse	☐Yes	☐No	Perpetrator of Violence/Abuse	☐Yes	☐No
DCFS Involvement	☐Yes	☐No	Homeless	☐Yes	☐No
Access to Guns/Weapons	☐Yes	☐No	Other (specify):		

For any risk/safety concerns marked yes, please explain. Identify if any safety measures are needed, required or taken.

IV. Relevant Medical Conditions ☐ See Information on dated:

Hearing Impairment ☐ Yes ☐ No Visual Impairment ☐ Yes ☐ No Motor Impairment ☐ Yes ☐ No

Other Sensory Impairment ☐ Yes ☐ No If yes, specify:

Allergies ☐ Yes ☐ No If yes, specify:

Other Medical Conditions ☐ Yes ☐ No If yes, specify:

Last Physical Exam Date:

Other Comments Regarding Medical Conditions:

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V. Medications

Client is currently on medications: ☐ Yes ☐ No If yes, How many days of medication does the client have left?

If yes, specify medications (include name and if there are any side-effects/adverse reactions).

VI. Substance Use/Abuse

"MH659 -Co-Occurring Joint Action Council Screening Instrument"		
1. Were any of the questions checked "Yes" in Section 2 "Alcohol & Drug Use"?	☐ Yes*	☐ No **If yes, complete A and B below**
2. Were any of the questions checked "Yes" in Section 3 "Trauma/Domestic Violence"?	☐ Yes	☐ No **If yes, answer 2a**
2a. Was the Trauma or Domestic Violence related to substance use?	☐ Yes*	☐ No **If yes, complete A and B below**

A. Alcohol Screening Questions — **1 Drink = 12 Ounces of Beer**

1. How often do you have a drink containing alcohol? If "Never", proceed to Drug Screening Questions.	☐ Never	☐ Monthly or less	☐ 2-4 times a month	☐ 3 times a week	☐ 4+ times a week
1a. How many drinks containing alcohol do you have on a typical day when you are drinking?	☐ 1 or 2	☐ 3 or 4	☐ 5 or 6	☐ 7 to 9	☐ 10+
1b. How often do you have six or more drinks on one occasion?	☐ Never	☐ Less than monthly	☐ Monthly	☐ Weekly	☐ Daily or almost daily

B. Drug Screening Questions

1. Have you used any drug in the past 30 days that was NOT prescribed by a doctor? ☐ **Yes** ☐ **No**

2. Drug Type(s) Used **(Indicate with an "*" which substances are most preferred.)**	Ever Used?		Recently Used? (Past 6 Months)		Route of Administration or other comments (IV use, smoking, snorting, etc.)
	Yes	No	Yes	No	
Amphetamines (Meth, crank, ice, etc.)	☐	☐	☐	☐	
Cocaine or crack	☐	☐	☐	☐	
Hallucinogens	☐	☐	☐	☐	
Inhalants	☐	☐	☐	☐	
Marijuana	☐	☐	☐	☐	
Nicotine (Cigarettes, cigars, smokeless tobacco)	☐	☐	☐	☐	
Opiates (Heroin, codeine, etc.)	☐	☐	☐	☐	
Over the Counter Meds (Cough syrup, diet aids, etc.)	☐	☐	☐	☐	
Sedatives (Pain meds, etc.)	☐	☐	☐	☐	
Other (specify):	☐	☐	☐	☐	

C. Additional Comments (i.e. frequency, duration of use, etc.):

VII. Psychosocial ☐ See Information on dated:

Family & Relationships, Dependent Care Issues (Number of Dependents, Ages, Needs & Special Needs), Current Living Arrangement, Social Support Systems, Education, Employment History/Readiness/Means of Financial Support, Legal History and Current Legal Status which may impact linkage/referral.

VIII. Additional Client Contacts/Relationships: Refer to the "MH 525: Contact Information" form.

☐ DCFS ☐ Probation ☐ DPSS ☐ Health ☐ Outside Meds ☐ Regional Center ☐ Substance Abuse/12 Step ☐ Consumer Run/NAMI ☐ Education/AB 3632
☐ Other

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IX. Mental Status

General Description

Grooming & Hygiene: ☐ Well Groomed
☐ Average ☐ Dirty ☐ Odorous ☐Disheveled
☐ Bizarre
Eye Contact: ☐ Normal for culture
☐ Little ☐ Avoids ☐ Erratic
Motor Activity: ☐ Calm ☐ Restless
☐ Agitated ☐ Tremors/Tics ☐ Posturing ☐ Rigid
☐ Retarded ☐ Akathesis ☐ E.P.S.
Speech: ☐ Unimpaired ☐ Soft ☐ Slowed
☐ Mute ☐ Pressured ☐ Loud ☐ Excessive
☐ Slurred ☐ Incoherent ☐ Poverty of Content
Interactional Style: ☐ Culturally congruent
☐Cooperative ☐ Sensitive
☐ Guarded/Suspicious ☐ Overly Dramatic
☐ Negative ☐ Silly
Orientation: ☐ Oriented
☐ Disoriented to:
☐ Time ☐ Place ☐ Person ☐ Situation
Intellectual Functioning: ☐ Unimpaired
☐ Impaired
Memory: ☐ Unimpaired
☐ Impaired re: ☐ Immediate ☐ Remote ☐ Recent
☐ Amnesia
Fund of Knowledge: ☐ Average
☐ Below Average ☐ Above Average

Mood and Affect

Mood: ☐ Euthymic ☐ Dysphoric ☐ Tearful
☐ Irritable ☐Lack of Pleasure
☐ Hopeless/Worthless ☐ Anxious
☐ Known Stressor ☐ Unknown Stressor
Affect: ☐ Appropriate ☐ Labile ☐ Expansive
☐ Constricted ☐ Blunted ☐ Flat ☐ Sad ☐ Worries

Perceptual Disturbance

☐ None Apparent
Hallucinations: ☐ Visual ☐ Olfactory
☐ Tactile ☐ Auditory: ☐ Command
☐ Persecutory ☐ Other
Self-Perceptions: ☐ Depersonalizations
☐ Ideas of Reference

Thought Process Disturbances

☐ None Apparent
Associations: ☐ Unimpaired ☐ Loose
☐ Tangential ☐ Circumstantial
☐ Confabulous
☐ Flight of Ideas ☐ Word Salad
Concentration: ☐ Intact ☐ Impaired by:
☐ Rumination ☐ Thought Blocking
☐ Clouding of Consciousness
☐ Fragmented
Abstractions: ☐ Intact ☐ Concrete
Judgments: ☐ Intact
☐ Impaired re: ☐ Minimum ☐ Moderate
☐ Severe
Insight: ☐ Adequate
☐ Impaired re: ☐ Minimum ☐ Moderate
☐ Severe
Serial 7's: ☐ Intact ☐ Poor

Thought Content Disturbance

☐ None Apparent
Delusions: ☐ Persecutory ☐ Paranoid
☐ Grandiose ☐ Somatic ☐ Religious
☐ Nihilistic ☐ Being Controlled
Ideations: ☐ Bizarre ☐ Phobic ☐ Suspicious
☐ Obsessive ☐ Blames Others ☐ Persecutory
☐ Assaultive Ideas ☐ Magical Thinking
☐ Irrational/Excessive Worry
☐ Sexual Preoccupation
☐ Excessive/Inappropriate Religiosity
☐ Excessive/Inappropriate Guilt
Behavioral Disturbances: ☐ None
☐ Aggressive
☐ Uncooperative ☐ Demanding ☐ Demeaning
☐ Belligerent ☐ Violent ☐ Destructive
☐ Self-Destructive ☐ Poor Impulse Control
☐ Excessive/Inappropriate Display of Anger
☐ Manipulative ☐ Antisocial
Suicidal/Homicidal: ☐ Denies ☐ Ideation Only
☐ Threatening ☐ Plan ☐ Past Attempts
Passive: ☐ Amotivational ☐ Apathetic
☐ Isolated ☐ Withdrawn ☐ Evasive
☐ Dependent
Other: ☐ Disorganized ☐ Bizarre
☐ Obsessive/compulsive ☐ Ritualistic
☐ Excessive/Inappropriate Crying

Comments on Mental Status:

X. Summary

Summary/ Clinical Impression (including strengths and attitude towards treatment):

Diagnosis:

Axis I	☐ Prim	☐ Sec	Code		Nomenclature
		☐ Sec	Code		Nomenclature
		☐ Sec	Code		Nomenclature
Axis II	☐ Prim	☐ Sec	Code		Nomenclature
		☐ Sec	Code		Nomenclature
Axis III			Code		Nomenclature
			Code		Nomenclature
			Code		Nomenclature

Axis IV **1.**☐ Primary support group **2.**☐ Social environment **3.**☐ Educational **4.**☐ Occupational
5.☐ Housing **6.**☐ Economics **7.**☐ Access to health care **8.**☐ Interaction w/legal system
9.☐ Other psychosocial/environmental **10.**☐ Inadequate information

Axis V GAF **Dual Diagnosis Code:**

Disposition/Recommendations/Plan:

Signature & Discipline Date

Co-Signature & Discipline (if required) Date

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